## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

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Certificate of Mailing or Transmission

1 hereby certify that this Feed's Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Signature (Da ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE

05-110 7586 07/17/2005 Christophe Lorthioir 10/521.476

TITLE OF INVENTION: SECURE REMOVABLE GRIPPING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATEDUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/02/2009
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	]		
WALKER, N	ED ANDREW	3781	220-759000			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.50).  Change of correspondence address (or Change of Correspondence Address form FTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form FTO/SB/12) attached.  The per Address of the Correspondence addres		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era <sup>2</sup>	2	
3. ASSIGNEE NAME A PLEASE NOTE: Ur	AND RESIDENCE DAT	A TO BE PRINTED ON tified below, no assigned	THE PATENT (print or type data will appear on the p	pe) atent. If an assignee is ic	dentified below, the doct	ument has been filed for

recordation as set forth in 37 CFR 3.11. Completion of this form is (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

Ecully, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🍇 Corporation or other private group entity 🛄 Government

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted:

A check is enclosed. S Issue Fee

Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted)

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit an overpayment, to Deposit Account Number 02-0184 (enclose an extra copy of this for Advance Order - # of Copies \_ (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature / Barry L. Kelmachter #29999/ Date December 11, 2008 Registration No. 29,999 Typed or printed name Barry L. Kelmachter

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